



Family and Medical Leave Act (FMLA): Certification of Adoption or Foster Care Placement

NOTE: Failure to fully complete this form could result in an initial denial of an FMLA leave or a delay in approval of an FMLA leave for the employee. Where the need for leave is foreseeable, such as for an expected adoption or foster care placement, an employee provides at least 30 days advance notice of the need for leave to the supervisor/responsible administrator whenever possible. This information includes the anticipated timing and duration of the leave.

SECTION I: For Completion by the EMPLOYEE OR SUPERVISOR/RESPONSIBLE ADMINISTRATOR

INSTRUCTIONS: Ensure that Sections I and II are completed before giving this form to the professional/agency.

Employer name including department/unit: _____

Supervisor/Responsible administrator name: _____

Employee's job title: _____ Employee's regular work schedule: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS: Ensure that Sections I and II are completed before giving this form to the professional/agency. By signing this form, you represent that the information you provided is true and correct. Unless advised otherwise in writing, you have 15 calendar days to return this form to your supervisor/responsible administrator.

Employee's name: _____

Qualifying event (circle one):

Adoption Foster care placement

Length of time requested for leave:

Signature of employee:

Date signed:

SECTION III: For Completion by the PROFESSIONAL/AGENCY

INSTRUCTIONS: Please provide the following information and be sure to sign the form representing that the information provided is accurate.

Professional/agency name, including contact and business address:

Actual or anticipated date of placement:

Telephone (with area code): _____ Fax (with area code): _____

Signature of professional/agency official: _____ Date signed: _____